

# **Exhibit A**



## PSYCHIATRIC-MENTAL HEALTH NP CERTIFICATE SCHOLARSHIP PROGRAM

### Verification of Employment & Accommodation Form

(Please include in the application packet.)

I, Kimberly Hurtman, authorize my employer to provide the employment information requested by the Virginia Health Care Foundation.

Kimberly Hurtman  
Scholarship Applicant Signature

5/31/2019  
Date

The individual above has applied to the Virginia Health Care Foundation's (VHCF) Psychiatric-Mental Health NP (PMHNP) Certificate Scholarship Program, which underwrites tuition and fees for participation in a PMHNP post-masters Certificate program for eligible nurse practitioners. VHCF requires verification of employment and an indication of accommodations that will be made to allow the applicant to fulfill the classroom and clinical requirements of the educational program. An indication of your intent to employ the individual in a PMHNP role post-program completion is requested, if applicable. Thank you.

Executive Director Name: Stephanie East VP of Mental Health  
Employer: Centra Health  
Employer's Address: 3300 Rivermont Ave. Lynchburg, VA 24503  
Email: stephanie.east@centrahealth.com  
Phone Number: 434-200-4000 or 434 200 6042  
Fax Number: \_\_\_\_\_

Applicant's Position: RN Unit Manager Child + Adolescent Psychiatric Unit  
Employment Start Date: 7/2014  
Number of Hours/Month: 160  
Current Annual Salary: 89,000

Please describe the accommodations that you will make in the applicant's work schedule or percent of effort during the educational program:

Flexible schedule on school days + clinical days

Do you intend or desire to employ the individual in a PMHNP role post-program completion?  
Yes or No TBD

If Yes, how many hours a week would you employ the person as a PMHNP?

Stephanie East  
Employer's Signature

TBD  
5-31-19  
Date